MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

10361

CERTIFICATE OF DEATH

★ Reg. Dist. No. 7V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Trappe (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred: no
How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: md County: Talbat
City or town: Trappe md (rural) (If outside city or town limits, write RURAL and give nearest town)
Street No.: no (If rural, give LOCATION)
2.(a) If veteran, name war: no

3.(a) FULL NAME: William T Askin

3.(b) Social Security Number: Lost

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	a. a.	married

6.(b) Name of husband or wife: Rosetta Askin
6.(c) If alive, give age: yes 65 years
7. Birth date of deceased (mo., day, yr.): Apr 30 about 1881

8. AGE: Years	Months	Days	If less than one day
about 64	—	—	hrs. min.

9. Birthplace: Trappe Talbot Co (rural) (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Same as above
FATHER 12. Name: William Askin
FATHER 13. Birthplace: Talbot md (rural)
MOTHER 14. Maiden name: Sarah Haysman
MOTHER 15. Birthplace: Trappe md (rural)
16. Informant: Mrs. Rosetta Askins
Address: Trappe md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 20-1945 (month) (day) (year)
Cemetery or crematory: Platts A.M.E.
Location: Trappe md (rural).
18. Funeral director: James T. Stewart
Address: Baltimore md
19. Oct 16 1945 (Date rec'd by registrar) Douglas Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 16th 1945 at 9-6 a. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 15 1945 to Oct. 16 1945 and that I last saw h[illegible] alive on Oct. 16 1945
Immediate cause of death: Cerebral Hemorrhage — DURATION: 2 days
Due to: Hypertension
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings of operations: Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Raymond T. Pratt M.D. M.D. or other
Address: Easton, Md Date signed: Oct 16 1945

10362

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

★ Reg. Dist. No. 7 9 1

1. PLACE OF DEATH:
County: Talbot
City or town: St. Michaels
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Talbot
City or town: St. Michaels
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Milton Bobes

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col	married

6.(b) Name of husband or wife: Gertrude Bobes
6.(c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): May 22 1883

8. AGE: Years	Months	Days	If less than one day
60	4	8	hrs. min.

9. Birthplace: Hillsboro Caroline County
(Town, county, and state)
10. Usual occupation: Farm Labor
11. Industry or business

FATHER
12. Name: Francis Bobes
13. Birthplace: Md.

MOTHER
14. Maiden name: Mary Butler
15. Birthplace: Md.

16. Informant: Gertrude Bobes (wife)
Address: St. Michaels Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 10-13-45 (month) (day) (year)
Cemetery or crematory: Spring Grove Cemetery
Location: Dealon Md.

18. Funeral director: J. Virgil Lewis
Address: Dealon Md.

19. Oct 11 1945 (Date rec'd by registrar) J. L. Shewsbury Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 11, 1945 at 7:00a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 4, 1945 to Oct 11, 1945
and that I last saw him alive on Oct. 8, 1945

Immediate cause of death	Diabetic Coma	DURATION
Due to	Diabetes Mellitus	1 yr
Due to		
Other conditions	None	

(Include pregnancy within 3 months of death)

Major findings of operations: None
Date of op. None
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ✓ Date of ✓
Where did injury occur? ✓ (City or town) (County) (State)
Injured at home, farm, industry, public place (Where?) ✓
Means of injury ✓ Injured at work? ✓

23. SIGNATURE: J. L. Shewsbury M. D. or other
Address: St. Michaels, Maryland Date signed: 10.11.45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122d)

10363

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: Memorial Hospital
How long in hospital or institution? 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Neavitt, Maryland
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Greely Nathaniel Ball

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife Helen Emma Ball
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 7, 1902

8. AGE:

Years	Months	Days	If less than one day
43	8	3	hrs. min.

9. Birthplace Neavitt, Maryland, Talbot Co.
(Town, county, and state)
10. Usual occupation Waterman
11. Industry or business

FATHER
12. Name John Thomas Ball
13. Birthplace Neavitt, Md., Talbot Co.

MOTHER
14. Maiden name Lena Virginia Cooper
15. Birthplace Bozman, Md.

16. Informant Helen Emma Ball
Address Neavitt, Md.

17. Burial Date thereof 10/14/45
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Neavitt Md.
Location Neavitt Md.

18. Funeral director Newnam & Larrimore
Address St Michaels

19. 10/11 1945 M. H. Merrick
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 October 1945, at 4:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19, to 19
and that I last saw h alive on 19

Immediate cause of death	DURATION
Pulmonary Embolism	
Due to Bowel obstruction Hemicolectomy Thrombosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Intestinal obstruction due to hemicolectomy thrombosis Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Ira Palmer M. D. or other
Address Easton Md Date signed 10/12 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

K Palmer

Evidence for the change of age is shown on

Film C 99 11-14-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

08294

Reg. Diat. No. 2490

1. PLACE OF DEATH:

County Talbot

City or town (Corporate limits) Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Memorial Hospital

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Maydel

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Janie Brown

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Black	Married

6.(b) Name of husband ~~or wife~~ Wesley Brown

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) August 20, 1893

8. AGE: Years	Months	Days	If less than one day
1011 52			..... hrs. ..... min.

9. Birthplace md. (Town, county, and state)

10. Usual occupation Home Wife

11. Industry or business

FATHER 12. Name Alwell Matthews

13. Birthplace Mt. Zion; Md.

MOTHER 14. Maiden name Wilhelmina Wilson

15. Birthplace Mt. Zion, Md

16. Informant Wesley Brown.

Address Greensboro md.

17. Burial, Mt. Zion Cem. (Burial, cremation, or removal. Which?) Date thereof Oct 23 1945 (month) (day) (year)

Cemetery or crematory Sweden Mt Zion

Location Goldsboro, Md.

18. Funeral director Calvin Clark.

Address 107 So Queen St Dover Del.

19. 10/20 1945 M.V. Peters Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19 1945, at 8:45 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-15 1945, to 10-19 1945 and that I last saw h.. alive on 10-19 1945

Immediate cause of death	DURATION
Coronary	3 months
Due to Hypertensive Cardio-Vascular Disease	
Due to Chronic Nephritis	20 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. V. Palmer M. D. (M. D. or other)

Address Easton, Md. Date signed 10/23/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Evidence for the change of age is shown on Film G 99 11-14-45

08293

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-a)

CERTIFICATE OF DEATH

★ Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 day
Hospital, institution, or street address where death occurred: Memorial Hospital
How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Preston
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Purnell Cannon

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6.(b) Name of husband or wife: —

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 4 1872

8. AGE: Years	Months	Days	If less than one day
73 73	7	12	hrs. min.

9. Birthplace: Preston Md. (Town, county, and state)

10. Usual occupation: Retired Farmer

11. Industry or business

FATHER — 12. Name: Levi Cannon.
13. Birthplace: Maryland

MOTHER — 14. Maiden name: Lavina Fleetwood
15. Birthplace: Maryland

16. Informant: Williams Cannon
Address: Preston. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10—19—45 (month) (day) (year)
Cemetery or crematory: Preston Cemetery
Location: Preston Md.

18. Funeral director: J. Virgil Trevor & Son
Address: Preston Md.

19. 10/18 1945 (Date rec'd by registrar) — W. H. Meeds, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 16 October 1945 at 8:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-15 1945, to 10-16 1945
and that I last saw h[illegible] alive on 10-16 1945

Immediate cause of death	DURATION
Uremia	
Due to: Hypertension & Sclerosis	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. Tyler Bailey M.D.
M. D. or other
Address: Easton Date signed 10-17-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46)

CERTIFICATE OF DEATH

10364

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No. Goldsborough St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME John DeGruchy

3.(b) Social Security Number 213-22-9440

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Fannie DeGruchy

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1861

8. AGE: Years	Months	Days	If less than one day
84	7	17	..... hrs. ..... min.

9. Birthplace Isle St Jersey, France (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden name Unknown

15. Birthplace

16. Informant Fannie DeGruchy

Address Easton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 15th 1945 (month) (day) (year)

Cemetery or crematory Spring Hill Cemetery

Location Easton Md

18. Funeral director J. Norman Marshall

Address St. Michaels Md

19. 10/15 1945 (Date rec'd by registrar) W. A. Meares Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 12 1945 at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1945, to October 12 1945

and that I last saw him alive on October 11 1945

Immediate cause of death	DURATION
Carcinoma of Rt. stomach	
Due to	
Due to	
Other conditions Hypertrophy of Rt. Ventricle of Heart	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Kurt Ledeen M.D. M. D. or other

Address 213 Dover St. Easton Date signed 10/17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (468)

10365

CERTIFICATE OF DEATH

Reg. Diat. No. 290

1. PLACE OF DEATH:
County: Talbot
City or town: Easton (Rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 Years
Hospital, Institution, or street address where death occurred: R.D. #2
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No.: R.D. #2
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: MARY EMILY FLETCHER

3.(b) Social Security Number:

4. Sex: Female
5. Color or race: Colored
6.(a) Single, married, widowed, or divorced: Widow
6.(b) Name of husband or wife: Anderson Fletcher
B.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Feb. 20, 1877
8. AGE: Years: 68 Months: 7 Days: 12 If less than one day: hrs. min.
9. Birthplace: Easton, Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: John Williams
13. Birthplace: Maryland
MOTHER 14. Maiden name: Annie Thawie
15. Birthplace: Maryland
16. Informant: Capyain Fletcher-Ashby
Address: 4427 Michigan Ave. Chicago Ill.
17. Burial (Burial, cremation, or removal, Which?) Date thereof Oct 5, 1945 (month) (day) (year)
Cemetery or crematory: Odd Chapel
Location: Easton Md. (Rural)
18. Funeral director: J. Ellis Clark
Address: Easton Md.
19. 10/5 1945 (Date rec'd by registrar) N.B. Mervine Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 2 1945, at P.M.
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19, to 19
and that I last saw h alive on 19
Immediate cause of death: Carcinoma of stomach — DURATION: 7
Due to:
Due to:
Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings of operation: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Louis P. Keely M.D. Dept Health M. D. or other
Address: Easton Md. Date signed: 10-4-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10366

CERTIFICATE OF DEATH

Reg. Diat. No. 296

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Easton R D
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 39 Yrs.
Hospital, Institution or street address where death occurred: (Rural) Copperville
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Easton R D
(If outside city or town limits, write RURAL and give nearest town)
Street No. (Rural) Copperville
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Lenyon Arthur Flamer

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

B.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept. 1906

8. AGE: Years 39 | Months 1 | Days | If less than one day: hrs. min.

9. Birthplace: Talbot Co. Md. (Town, county, and state)

10. Usual occupation: Farm Laborer

11. Industry or business: Farming

FATHER
12. Name: John W. Flamer
13. Birthplace: Md.

MOTHER
14. Maiden name: Nettie Kellum
15. Birthplace: Md.

16. Informant: John W. Flamer
Address: Easton, Md. (Rural)

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 30, 1945 (month) (day) (year)
Cemetery or crematory: Copperville
Location: Easton, Md. (Rural)

18. Funeral director: C. Ellis Clark
Address: Easton, Md.

19. 10/29/45 (Date rec'd by registrar) N. A. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 27, 1945, 19, at 8:00a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 30, 1945, 19, to October 30, 1945, 19, and that I last saw him alive on October 15, 1945, 19

Immediate cause of death	DURATION
Pulmonary Tuberculosis	Over 1 year
Due to	
Due to	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings of operations: None
Date of op. None
Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ✓ Date of ✓
Where did injury occur? ✓ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: F. B. Lewis, M. D. or other
Address: St. Michaels, Maryland Date signed: 10.27.45

evidence for the change of date of birth is shown on

10367

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

CERTIFICATE OF DEATH

★ Reg. Diat. No. 217

FILE # G 23 007 29 1945

1. PLACE OF DEATH: Talbot

County

City or town: Oxford

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Talbot.

City or town: Oxford

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: George Robert Forsyth

3. (b) Social Security Number

4. Sex: male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Widower

6.(b) Name of husband or wife: Theresa Forsyth

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 29 1858 1858

8. AGE: Years: 87 Months: 8 Days: 19 If less than one day: hrs. min.

9. Birthplace: Leesburg Va. (Town, county, and state)

10. Usual occupation: Office work.

11. Industry or business

FATHER 12. Name: John Forsyth

FATHER 13. Birthplace: Virginia

MOTHER 14. Maiden name: Sara L. Stedman

MOTHER 15. Birthplace: unknown

16. Informant: Mrs. Albert Blades

Address: Oxford Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 20 1945 (month) (day) (year)

Cemetery or crematory: Oxford Cemetery

Location: Oxford Md. (Rural)

18. Funeral director: Maurice E. Weimann Sons

Address: Easton Md.

19. Oct 20 19 45 (Date rec'd by registrar) Joseph A. Ronemus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 18 1945 at 1.00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 45 to Oct 18 1945 and that I last saw alive on Oct 18 1945

Immediate cause of death	DURATION
Chronic myocarditis	3 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Joseph A. Ronemus M.D.

M. D. or Coroner

Address: Oxford Md. Date signed 10/20/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10368

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-a)

CERTIFICATE OF DEATH

Reg. Diat. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 wks.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Rural Cambridge Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Ivy Estelle Gabler.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	M.

6.(b) Name of husband or wife: Cecil A. Gabler

6.(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): Feb. 21, 1880

8. AGE: Years	Months	Days	If less than one day
65	7	10	...hrs. ...min.

9. Birthplace: Fairfield County, Ohio.
(Town, county, and state)

10. Usual occupation: Housewife.

11. Industry or business

FATHER
12. Name: Marion M. Gabler
13. Birthplace: Ohio.

MOTHER
14. Maiden name: Harriett Baker
15. Birthplace: Ohio.

16. Informant: Mr. Cecil A. Gabler.
Address: Cambridge, Maryland R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: October 3, 1945 (month) (dey) (year)

Cemetery or crematory: Spring Hill

Location: Easton Md.

18. Funeral director: [illegible]

Address: Easton Md.

19. 10/3 (Date rec'd by registrar) 1945 M.H. Meekins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 1, 1945, at 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-1 1945, to 10-1 1945 and that I last saw h... alive on 9-29 1945

Immediate cause of death	DURATION
Acute Myocardial failure	
Due to: Malignant Hypertension	
Due to:	
Other conditions: Nephro-Sclerosis	

(Include pregnancy within 3 months of death)

Major findings of operations: ...Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. Tyson Baker M.D.
M. D. or other

Address: Date signed:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

10369

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (195-0)

CERTIFICATE OF DEATH

10369

Reg. Dist. No. 3yr

1. PLACE OF DEATH:
County: Talbot
City or town: Near Trappe Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? All of life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Talbot
City or town: Trappe (Rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Wilbur H. Green

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept 3, 1945

8. AGE: Years | Months: 1 | Days: 5 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Trappe Md (Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Wilbur Green
13. Birthplace: Trenton, N. Carolina

MOTHER
14. Maiden name: Emma D. Johns
15. Birthplace: Easton (Rural)

16. Informant: Wilbur H. Green
Address: Easton, Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof Oct 9 1945 (month) (day) (year)
Cemetery or crematory: Williamsburg (Rural)
Location: Easton, Md. (Rural)

18. Funeral director: Maurice L. Newnam
Address: Easton, Md

19. Oct 9 (Date rec'd by registrar) 19 45 — Jos. Layton Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 8, 19 45 at 7:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Suffocation from Swallowing a nipple	
Due to (no attendance, child dead when brought to my office)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: Oct. 8/45
Where did injury occur? Trappe (City or town) Talbot (County) Md (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Swallowed nipple ~~Injured at work?~~

23. SIGNATURE: Wm S. Seymour M. D. (Other)
Address: Trappe Md Date: 9/9/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

10370

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

Reg. Diat. No. 294

1. PLACE OF DEATH:
County: Talbot
City or town: Wittman, Maryland.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 65yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Wittman
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Arie Virginia Harrison

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: Samuel T. Harrison
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): August 12 1852

8. AGE: Years	Months	Days	If less than one day
93	1	19	..... hrs. ..... min.

9. Birthplace: Bozman Talbot Co. Md.
(Town, county, and state)
10. Usual occupation: Housework
11. Industry or business
FATHER 12. Name: Thomas P. Cooper
FATHER 13. Birthplace: Bozman, Talbot Co, Md.
MOTHER 14. Maiden name: Unknown
MOTHER 15. Birthplace: Unknown
18. Informant: Arthur C. Harrison
Address: Wittman, Maryland.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 4, 1945 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Sherwood, Md.
18. Funeral director: Newman & Harrison
Address: St. Michaels - Md.
19. Oct 3rd 1945 (Date rec'd by registrar) Anna C. Thomas Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 1 1945, at 1145 P M
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from September 15 1945 to Sept. 30 1945
and that I last saw h.er alive on September 30 1945

Immediate cause of death	DURATION
Chronic Myocarditis	years
Due to	
Due to	
Other conditions Senility	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Martin F. Buell M.D. M. D. or other
Address: 17 Gold Borough St. Boston Mass. Date signed: Oct 2. 1945

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15


RECEIVED
OCT 8 1945
BUREAU V.R.

10371

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 45

CERTIFICATE OF DEATH

Reg. Dist. No. 294

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Tilghman
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Tilghman
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war none

3.(a) FULL NAME John B. Harrison

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Lottie E. Covington

6.(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) May 30 1865

8. AGE: Years	Months	Days	If less than one day
80	4	25	hrs. min.

9. Birthplace Tilghman, Talbot Co. Md.
(Town, county, and state)

10. Usual occupation Ship Carpenter

11. Industry or business

FATHER 12. Name Joseph L. Harrison

FATHER 13. Birthplace Tilghman Talbot Co. Md

MOTHER 14. Maiden name Emily Tilson

MOTHER 15. Birthplace Tilghman Talbot Co. Md

16. Informant Mrs. John B. Harrison
Address Tilghman Md

17. Burial Date thereof Oct 28 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Cemetery
Location Tilghman Md.

18. Funeral director Heroman & Harrison
Address St. Michaels Md.

19. Oct 28 1945 J. Jansen
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 25 19 45 at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 2 19 45 to Oct 25 19 45
and that I last saw h alive on Oct 24 19 45

Immediate cause of death: Exhaustion and Malnutrition — DURATION 2 Wks

Due to: Contusions of mouth — 6 mos

Due to: metastasis involving the blood stream

Other conditions

(Include pregnancy within 3 months of death)

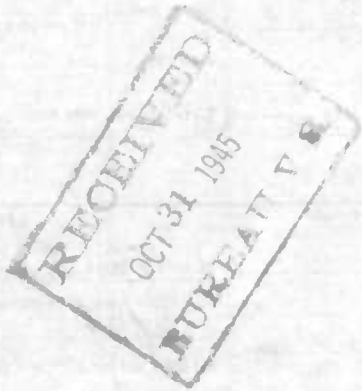
Major findings of operations — Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Eugene Pierce Jr. M. D. or other
Address Tilghman Md Date signed Oct 26 19 45


RECEIVED
OCT 31 1945
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10372

Reg. Diat. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Rural Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot

City or town Rural Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Wm Peyton Horne

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	M.

6.(b) Name of husband or wife Ella P. Horne.

6.(c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) May 29, 1879.

8. AGE: Years	Months	Days	If less than one day
77	4	4	hrs. min.

9. Birthplace Queen County Virginia.
(Town, county, and state)

10. Usual occupation Retired Farmer.

11. Industry or business

FATHER 12. Name Basil Horne

13. Birthplace Va.

MOTHER 14. Maiden name Elizabeth Hale.

15. Birthplace Va.

16. Informant Davis B. Horne.

Address Easton Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof Oct. 6, 1945 (month) (day) (year)

Cemetery or crematory Easton Churchyard

Location Easton Md. Mary Jane.

18. Funeral director Eric Black.

Address Easton Md.

19. 10/4 (Date rec'd by registrar) 19 45 N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3 19 45, at 10:25 P.M.

21. I CERTIFY that death occurred on the date above stated: ~~that I attended deceased from~~

19, to 19

and that I last saw h alive on 19

Immediate cause of death	DURATION
GSW-	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 10-3-45

Where did injury occur? Longwoods (City or town) Talbot (County) Md (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury GSW Injured at work? No

23. SIGNATURE Louis D. Wetty M.D. Dep Med Ex
M. D. or other

Address Easton Md Date signed 10-4-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15


RECEIVED
OCT 11 1945
FBI - U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33a)

10373

CERTIFICATE OF DEATH

Reg. Diat. No. 294

1. PLACE OF DEATH:
County: Talbot.
City or town: Claiborne.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? One year.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Claiborne
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Gladys C. Kinnamon (Kinnamon)

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married.

6.(b) Name of husband or wife: Harry A. Kinnamon
6.(c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): May 28. 1912.

8. AGE: Years	Months	Days	If less than one day
33	4	8	hrs. 0 min.

9. Birthplace: New Windsor Md. (Town, county, and state)
10. Usual occupation: Nurse
11. Industry or business: Army Nurse
12. FATHER Name: Henry M. Thomas
13. FATHER Birthplace: Baltimore Md.
14. MOTHER Maiden name: Margaret Egan
15. MOTHER Birthplace: Baltimore Md.
16. Informant: Harry A. Kinnamon
Address: Claiborne Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-8-1945 (month) (day) (year)
Cemetery or crematory: St Mich. Cem.
Location: St Michaels Md
18. Funeral director: Norman Muscle
Address: St Michaels
19. Oct. 8th 1945 (Date rec'd by registrar) Anna Carey Thomas Registrar

MEDICAL CERTIFICATION

a

20. DATE OF DEATH: October 6, 1945 at 11:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 6, 1945 to Oct. 6, 1945 and that I last saw her alive on Oct. 5, 1945

Immediate cause of death	DURATION
Cerebral apoplexy	1 hr
Due to: arteriosclerosis	
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings of operations: None
Date of op.: ####
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ✓ Date of ✓
Where did injury occur? ✓ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: T. Blewett M. D. M. D. or other
Address: St. Michaels, Md Date signed: 10.7.45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

10374

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (137-a)

CERTIFICATE OF DEATH

293

★ Reg. Diat. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Talbot

City or town: Queen Anne

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Talbot.

City or town: Queen Anne

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: William C. Laing

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of ~~husband~~ or wife: Clara C. Laing Deceased

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb. 23 - 1857

8. AGE: Years: 88 | Months: 7 | Days: 24 | If less than one day: ..... hrs. ..... min.

9. Birthplace: St. Marys, Canada (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Retired

FATHER — 12. Name: William Laing

FATHER — 13. Birthplace: Scotland

MOTHER — 14. Maiden name: Margaret Conroy

MOTHER — 15. Birthplace: Canada

16. Informant: Mrs. Nellie Flowers

Address: Queen Anne, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 19 1945 (month) (day) (year)

Cemetery or crematory: Spring Hill Cemetery

Location: Easton Md.

18. Funeral director: John D. Williams

Address: Easton, Md.

19. 10/17 1945 (Date rec'd by registrar) M. K. Meeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 17 1945, at 6.30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 14 1944 to Oct. 17 1945 and that I last saw h. alive on Oct. 12 1945

Immediate cause of death	DURATION
Senility	
Due to	
Due to	
Other conditions: Hypostatic Pneumonia (Include pregnancy within 3 months of death)	

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Kurt Leder M. D. M. D. or other

Address: Queen Anne Md. Date signed: 10/18

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

10375

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot County
City or town: Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: Memorial Hospital
How long in hospital or institution? 9

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Cambridge R.F.D. No. 2
(If outside city or town limits, write RURAL and give nearest town)
Street No. Rural
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Ira Marshall.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married.

6.(b) Name of husband or wife: Ella E Cannon
6.(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): 2-22-1876

8. AGE:

Years	Months	Days	If less than one day
69	8	1	hrs. min.

9. Birthplace: Dorchester Co Md.
(Town, county, and state)
10. Usual occupation: Water Man
11. Industry or business: Sea-Food
FATHER 12. Name: James A Marshall
13. Birthplace: Md
MOTHER 14. Maiden name: Laura Seward
15. Birthplace: Md
16. Informant: Mrs Ella Marshall
Address: Cambridge R.F.D. Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/26/45 (month) (day) (year)
Cemetery or crematory: Spaldings Cemetery
Location: Cambridge R.F.D. Md
18. Funeral director: LeCompte & Pennington
Address: Cambridge Md.
19. 10/24 19 45 M.H. Nevins Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10-24 1945, at 5:25 A.M. P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 29, 1936, to Oct 24 1945
and that I last saw him alive on Oct 23, 1945

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 week
Due to: Arterio Sclerosis	
Due to: Pyelonephritis	10 yrs
Other conditions: Hypertrophied Prostate	2

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John Schneider M.D.
M. D. or other
Address: Easton, Md. Date signed: Oct 24/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (41)

10376

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County: Talbot County
City or town: Easton Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 years.
Hospital, Institution, or street address where death occurred:
24 South Harrison St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Easton Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 245 Harrison St.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Mrs Anna Ebaugh Mason.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Frank C Mason
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 19, 1866

8. AGE: Years	Months	Days	If less than one day
79	0	9	hrs. min.

9. Birthplace: Woodsville Carroll Co. Md.
(Town, county, and state)
10. Usual occupation: Housework
11. Industry or business: Home

FATHER
12. Name: Zacharias Ebaugh
13. Birthplace: Woodsville Carroll Co. Md.

MOTHER
14. Maiden name: Harriet A. Mallonee
15. Birthplace: Monkton Balto Co. Md.

16. Informant: Mrs Corbin A Force.
Address: Cockeysville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 31, 1945 (month) (day) (year)
Cemetery or crematory: Spring Hill
Location: Easton, Md.
18. Funeral director: C. Ellis Clark
Address: Easton, Md.

19. 10/30/45 (Date rec'd by registrar)
N. H. Merrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 29 1945 at 7.30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 25 1941, to Oct 29 1945
and that I last saw her alive on Oct 29 1945

Immediate cause of death	DURATION
Cerebral hemorrhage	7 days
Due to: Hypertension arteriosclerosis heart disease	
Due to:	
Other conditions: Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Frank C. Mason M.D.
M. D. or other
Address: 24 Harrison St Easton Md. Date signed: Oct 29/1945

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10377

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

★Reg. Dist. No. 294

1. PLACE OF DEATH:
County Talbot
City or town Wittman
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Wittman
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Joseph Henry Miller

3.(b) Social Security Number 212-18-6978

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of husband or wife Sarah F. Miller
6.(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) June 12 1878

8. AGE: Years	Months	Days	If less than one day
67	4	18	....hrs. ....min.

9. Birthplace Wittman, Talbot Co., Maryland
(Town, county, and state)
10. Usual occupation Waterman
11. Industry or business Oyster
FATHER 12. Name Asbury Miller
13. Birthplace Wittman, Md.
MOTHER 14. Maiden name Margaret Johnson
15. Birthplace Wittman, Md.
16. Informant Mrs. Sarah F. Miller
Address Wittman, Maryland
17. burial (Burial, cremation, or removal. Which?) Date thereof 11 1 45 (month) (day) (year)
Cemetery or crematory Wittman cemetery
Location McDaniel, Maryland
18. Funeral director J. Norman Marshall
Address St. Michaels, Maryland
19. Oct. 31st. 1945 (Date rec'd by registrar) Anna C. Thomas Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1945 at 5:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 29 1945 to Oct 30 1945 and that I last saw him alive on Oct 30 1945

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 day
Due to Hypertension	2 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Howard T. Ortt M.D.
M. D. or other
Address Easton, Md. Date signed 10/31/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Interception

10378

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 162a

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Talbot county

City or town: Easton, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: Memorial Hospital

How long in hospital or institution? Died 4.5 min

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Queen Anne

City or town: Centreville

(If outside city or town limits, write RURAL and give nearest town)

Street No. R.F.D. #3 (Store)

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Mrs Georgia Morton

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widow

6.(b) Name of husband or wife: John Morton

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug. 21, 1866

8. AGE: Years: 78 | Months | Days | If less than one day: ..... hrs. ..... min.

9. Birthplace: Store, Queen Anne Co. Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER — 12. Name: George Cole

13. Birthplace: Maryland

MOTHER — 14. Maiden name: Mary Harnett

15. Birthplace: Maryland

16. Informant: Henry Morton

Address: Centreville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 29, 1945 (month) (day) (year)

Cemetery or crematory: Fairview

Location: Cordova Md. (Rural)

18. Funeral director: J. Ellis Clark

Address: Easton, Md.

19. 10/27 (Date rec'd by registrar) 1945 M. H. Meeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10-26 1945, at 2 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 23 1945, to Oct 26 1945

and that I last saw him alive on Oct 23 1945

Immediate cause of death	DURATION
Malignant tumor	weeks
Due to: Senile mental change	years
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: C. A. Ley M. D. (M. D. or other)

Address: Centreville, Md. Date signed 11/8/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

CERTIFICATE OF DEATH

10379

Reg. Dist. No. 292

1. PLACE OF DEATH:
County: Talbot
City or town: Trappe (Rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Fall of life.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Talbot
City or town: Trappe (Rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Stephen A. Potts

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of husband or wife: Georgiana Potts
6.(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): May 4 1867

8. AGE:

Years	Months	Days	If less than one day
78	5	16	hrs. min.

9. Birthplace: Trappe Talbot Co. Md
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:
FATHER 12. Name: Perry Potts
13. Birthplace: Trappe Md (Rural)
MOTHER 14. Maiden name: Lydia Jane Cooper
15. Birthplace: Trappe Md (rural)
16. Informant: Mrs. Georgiana Potts
Address: Trappe, Md. R.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 24 1945 (month) (day) (year)
Cemetery or crematory: Trappe (Colored)
Location: Trappe Md (rural)
18. Funeral director: Whitelee E. Tennant
Address: Easton, Md.
19. Oct 22d 1945 (Date rec'd by registrar) Douglas Ross Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 20, 1945, at 6P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.. to 19..
and that I last saw him alive on Oct 20 1945 (Post mortem)

Immediate cause of death	DURATION
Cerebral Hemorrhage	Instant
Due to: Arteriosclerosis	10 years
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Douglas Ross M. D. or Coroner
Address: Trappe, Md. Date signed: 10/22/1945

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

10380

CERTIFICATE OF DEATH

★ Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton R.D # 2
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address (if not in hospital): Near Longwoods
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State Maryland County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No. Near Longwoods Easton R.D # 2
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Samuel Franklin Robinson

3.(b) Social Security Number 218-09-1993

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Widowed

6.(b) Name of husband or wife (Lab.) Annie Robinson
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) February 20 1865

8. AGE: Years	Months	Days	If less than one day
80	8	8	..... hrs. ..... min.

8. Birthplace Hanover Penn.
(Town, county, and state)
10. Usual occupation Night Watchman (Retired)
11. Industry or business Basket Facing
FATHER 12. Name Robert Robinson
FATHER 13. Birthplace Kansas
MOTHER 14. Maiden name Ella Watkins
MOTHER 15. Birthplace Kansas Unknown
16. Informant Mrs Jessie Patrick
Address Easton, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 31 1945 (month) (day) (year)
Cemetery or crematory Chester
Location Chesterhaven, Maryland
18. Funeral director Marvin V. Williams
Address Chesterhaven, Maryland.

19. 10/30/45 (Date rec'd by registrar) T. H. Dawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 28 1945, at 11:05 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Coronary Thrombosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Tyler Baker M. D.
M. D. or other
Address Easton, Md. Date signed 10-29-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

CERTIFICATE OF DEATH

10382

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
Memorial Hospital
How long in hospital or Institution? 38 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Ridgely Maryland
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME William Arthur Scudley

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Married

6.(b) Name of husband or wife Mary A. Scudley
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1874

8. AGE: Years	Months	Days	If less than one day
70			hrs. min.

9. Birthplace Centreville Md.
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Pet Milk Co.
FATHER 12. Name John Scudley
13. Birthplace Md.
MOTHER 14. Maiden name Sarah Nicholson
15. Birthplace Md.
16. Informant Mrs. Mary A. Scudley
Address Ridgely Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 15. 45 (month) (day) (year)
Cemetery or crematory Greenmount
Location Greensboro Md.
18. Funeral director Raymond B. Pawlings
Address Greensboro Md.
19. 10/12 1945 M. H. Meeres Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 12 1945, at 4 15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 4 1945 to Oct 12 1945 and that I last saw him alive on Oct 11 1945

Immediate cause of death Chronic nephritis cardiac degeneration — DURATION 2 mos

Due to Chronic nephritis - arterio-sclerosis — 2

Due to Prostatic hypertrophy Teenage — 5 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John S. Edmonds M.D.
M. D. or other
Address Easton Md Date signed Oct 12 45

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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10381

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-d

CERTIFICATE OF DEATH

Reg. Dist. No. 794

1. PLACE OF DEATH:

County: Talbot

City or town: Wittman (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Talbot

City or town: Wittman (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: William H. Sewell

3. (b) Social Security Number: none

4. Sex: male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Bena E. Harrison

6.(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.): July 2 1887

8. AGE: Years 58 Months 4 Days 12 If less than one day ... hrs. ... min.

9. Birthplace: Oxford Talbot Co Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER 12. Name: William W. Sewell

13. Birthplace: Tilghman, Md.

MOTHER 14. Maiden name: Eliza V. Hunt

15. Birthplace: Talbot Co. Md.

16. Informant: J. Gannon Sewell

Address: Wittman, Talbot Co. Md

17. Burial (Burial, cremation, or removal Which?) Date thereof Oct 16, 1945 (month) (day) (year)

Cemetery or crematory: Cemetery (Family)

Location: Wittman Md.

18. Funeral director: Newnam & Harrison

Address: St. Michaels, Md.

Oct. 15th 1945 (Date rec'd by registrar) Anna Carey Thomas Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 14 1945, at 12.05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 1940 to Oct 13 1945

and that I last saw h... alive on Oct 13 1945

	DURATION
Immediate cause of death: valvular heart disease (loss of compensation)	3 yrs
Due to: Hypertension	5 yrs
Due to: arteriosclerosis	5 yrs
Other conditions: Paralysis from cerebral hemorrhage (Include pregnancy within 3 months of death)	2 yrs

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: [illegible] M.D. M. D. or other

Address: Tilghman Md Date signed Oct 15 1945

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (56-B)

10383

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 days
Hospital, institution, or street address where death occurred: Memorial Hospital
How long in hospital or institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Talbot
City or town Easton (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Ruth B. Townsend

3. (b) Social Security Number 212-10-0249

4. Sex: female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married
6. (b) Name of husband or wife: William T. Townsend
6. (c) If alive, give age 46 years
7. Birth date of deceased (mo., day, yr.): Nov. 27 - 1900

8. AGE: Years 44 | Months 10 | Days 16 | If less than one day ..... hrs. ..... min.

9. Birthplace: Talbot (Town, county, and state)
10. Usual occupation: Tel. Operator
11. Industry or business

FATHER
12. Name: John E. Beauchamp
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary Emily Brid
15. Birthplace: Maryland

16. Informant: Wm. T. Townsend Jr. (husb.)
Address: Same

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 13, 1945 (month) (day) (year)
Cemetery or crematory: Spring Hill Cemetery
Location: Easton, Md

18. Funeral director: T. Ellis Clark Sons
Address: Easton, Md.

19. 10/12 1945 (Date rec'd by registrar) N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 October 1945, at 5:30 P.M.

21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from Sept 30 1945, to Oct 10 1945
and that I last saw her alive on Oct 10, 1945

Immediate cause of death: Uremia — DURATION 4 days

Due to

Due to

Other conditions: Hemorrhage, post op. 8 hrs after op. (Include pregnancy within 3 months of death)

Major findings of operations: myomata, uteri
Date of op. Oct 1, 1945

Autopsy results: [illegible]

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE Wm. D. Noble M. D. or other
Address Easton, Md Date signed 10/17/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Vital)

CERTIFICATE OF DEATH

10384

★ Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Talbot

City or town: Easton Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Six Months

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Talbot

City or town: Easton R.D.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Aquilla Usilton

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	widowed

6.(b) Name of husband or wife: Mary D. Holiday

6.(c) If alive, give age: 77 years

7. Birth date of deceased (mo., day, yr.): June 12th - 1860

8. AGE: Years: 85 | Months: 4 | Days: 24 | If less than one day: hrs. min.

9. Birthplace: Centreville Md. (Town, county, and state)

10. Usual occupation: Retired Farmer

11. Industry or business

FATHER — 12. Name: Aquilla Usilton

FATHER — 13. Birthplace: England

MOTHER — 14. Maiden name: Nancy Harris

MOTHER — 15. Birthplace: Bursfille Md

16. Informant: Edward Usilton

Address: Easton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/24/45 (month) (day) (year)

Cemetery or crematory: Centreville

Location: Centreville

18. Funeral director: Edgar Lane

Address: Church Hill.

19. 10/22 1945 N. H. Nevins Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 21st 1945 at 8 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 1st 1945 to October 1945

and that I last saw him alive on Oct. 20th 1945

Immediate cause of death	DURATION
Valvular heart disease	2 yrs.
Due to: Arterio-Sclerosis with Hypertension	1 yrs.
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: William S. Symmers M. D. or other

Address: Easton, Md. Date signed: Oct. 24/46